STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 00		COMPLETED		
155329		155329	A. BUILDING B. WING		07/27/2011		
				ADDRESS, CITY, STATE, ZIP CODE			
NAME OF F	PROVIDER OR SUPPLIER	t					
ROSEWALK VILLAGE AT INDIANAPOLIS			1302 N LESLEY AVE INDIANAPOLIS, IN46219				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE		
F0000							
	This visit was for	r the Investigation of	F0000	Thecreation and submission			
	Complaint #IN00	0092727, Complaint		this Plan of Correction does			
	#IN00092731, aı	nd Complaint		constitute anadmission by the	l l		
	#IN00093531.	1		provider of any conclusion so forth in the statement	تا. ا		
	<i>"11</i> (000)3551.			ofdeficiencies, or of any viola	ation		
	Complaint #INIO	0002727 Substantiated	of regulation. This provider				
	•	0092727- Substantiated.		respectfully requests that thi	s		
	No deficiencies related to the allegations			2567 Plan of Correction be			
	cited.			consideredthe Letter of Cred			
				Allegation of Compliance an			
	Complaint #IN00092731- Substantiated. Federal/state deficiencies related to the allegations are cited at F282 and F333.			requests a desk review in lie	l l		
				post survey review on or after	er		
				August 11 th 2011.			
	Complaint #IN00093531-Unsubstantiated due to lack of evidence. Survey dates: July 25-27, 2011						
	Facility number:	000222					
	Provider number						
	Aim number: 10						
	Aim number: 10	JUZ / 473U					
	Survey team: Honey Kuhn, RN						
	Congue had tomas						
	Census bed type:	•					
	SNF: 18						
	SNF/NF: 150						
	Total: 168						
	Census payor so	urce:					
	Medicare: 49						
	Medicaid: 102						
	ivicuicalu. 102						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

XXY511

Facility ID:

000222

TITLE

NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS (X4) ID PREFIX TAG Other: 17 Total: 168 Sample: 6 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. F0282 F0282 The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure a physician's order for antibiotic therapy was administered STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN46219 PROVIDERS PLAN OF CORRECTION EACH CORRECTION SHIGHLING PREFIX TAG PROVIDERS PLAN OF CORRECTION EACH CORRECTION SHIGHLING PREFIX TAG PROVIDERS PLAN OF CORRECTION EACH CORRECTION SHIGHLING PREFIX TAG PROVIDERS PLAN OF CORRECTION EACH CORRECTION SHIGHLING PREFIX TAG PROVIDERS PLAN OF CORRECTION EACH CORRECTION SHIGHLING PREFIX TAG PROVIDERS PLAN OF CORRECTION EACH CORRECTION SHIGHLING EACH CORRECTION SHICH SHICH SHIGHLING EACH CORRECTION SHICH SHICH SHICH SHICH SHICH SHICH SHICH	(X3) DATE SURVEY	
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NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS (X4) ID	7/2011	
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Total: 168 Sample: 6 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. F0282 SS=D The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure a physician's order for antibiotic therapy was administered F0282 F282 Services by qualified persons/per care plan Itis the practice of this provider to	DATE	
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facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure a physician's order for antibiotic therapy was administered F0282 F282 Services by qualified persons/per care plan Itis the practice of this provider to		
violationsinvolving services provided or arranged by the facility must be provided byqualified persons in accordance with each resident's plan of care. violationsinvolving services provided or arranged by the facility must be provided byqualified persons in accordance with each resident's plan of care. What corrective action(s) will be	08/11/2011	
Finding includes: takenfor those residents found to have been affected by the deficient practice? The closed record of Resident "B" was		
reviewed on 07/26/11 at 8:50 a.m. Resident "B" was admitted to the facility on 04/22/11 with diagnoses including, but Thefacility was not provided with an identifier list. Also per the statement of deficiency the allegedresident expired on 5/24/11.		
not limited to, acute mental encephalopathy, atrial fibrillation, unstageable pressure wounds, urosepsis, urinary retention, and hematuria (blood in urine). The record indicated the resident was an emergency transfer to a hospital on How will you identify other residentshaving the potential to be affected by the same deficient practice and what corrective action will be taken? Allresidents have the potential to be affected by this alleged deficient		

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Event ID:

XXY511

Facility ID:

000222

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) P		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A RIJII DIN		DING 00		COMPLETED	
155329		B. WIN	A. BUILDING 07/27/2011		2011			
	STREET ADDRESS, CITY, STATE, ZIP CODE							
NAME OF PROVIDER OR SUPPLIER				1	LESLEY AVE			
ROSEWALK VILLAGE AT INDIANAPOLIS					APOLIS, IN46219			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF			(X5)	
PREFIX		(EACH DEFICIENCY MUST BE PERCEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA		COMPLETION	
TAG	+	REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)			DATE			
	05/23/11 and expired on 05/24/11.				practice.			
	The record indicated Resident "B" was to receive a total of 14 doses of Cipro				Alllicensed nursing personnel will be re-educated on the administration of medicationper physician's orders by			
	(antibiotic) for a	urinary tract infection.			the SDC or designee 8-1-11 th			
	The record indic	eated Resident "B"did not			8-5-11.			
	receive 6 of the	ordered doses of Cipro.						
	Review of the physician's orders indicate: "05/06/11 2 p (2:00 p.m.) Cipro 500 mg (milligram) p.o. (per os: by mouth) BID (2 times a day) X 3 days." (6 doses) "05/09/11 Continue Cipro 500 mg BID X 4 more days: total 7 days." (8 doses) Review of the MAR (Medication Administration Record) dated 05/01/2011-05/31/2011, indicated: "05/06/11 Cipro 500 mg BID po X 3 days: 9 A (9:00 a.m.) 9 P (9:00 p.m.)"				What measures will be put int	ю.		
					place orwhat systemic change will you make to ensure that the deficient practice does not reconstructed.	es he :ur?		
					re-educated on the administrat ofmedication per physician's of by the SDC or designee 8-1-11 8-5-11.	ion rders		
					AMAR/TAR CQI audit tool will completed once weekly x4, bi-x2, thenmonthly thereafter by a facility Unit Manager or design	weekly a		
					Themembers of the nurse mar team will audit the MAR/TAR b daily Mondaythru Friday.			
	days: total 7 day The record indic not receive the c	500 mg BID X 4 more ys" eated the Resident "B"did ordered medication as			How the corrective action(s) we be monitored to ensure the deficient practice will not recuive. what quality assurance program will be put into place	ır,		
	follows: 05/10/11: 9:00 p 05/11/11: 9:00 p 05/12/11: 9:00 p	o.m.			AMAR/TAR CQI audit tool will completed once weekly x4, bi-x2, and thenmonthly thereafter TheMar/TAR CQI's will be revi	weekly		
	05/13/11: 9:00 (monthly by the CQI Committee			

T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		NSTRUCTION	ON (X3) DATE SURVEY		
OF CORRECTION	IDENTIFICATION NUMBER:	A RUILDING 00		00	COMPLETED	
	155329				07/27/2011	
		D. WIIW		DDRESS CITY STATE ZIP CODE		
NAME OF PROVIDER OR SUPPLIER						
ROSEWALK VILLAGE AT INDIANAPOLIS						
SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
``				FIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
REGULATORY OR	LSC IDENTIFYING INFORMATION)	<u> </u>	TAG			DATE
interviewed on 0 DNS indicated be omitted doses. To did not indicate he monitored physical medication trans- administered as of	7/26/11 at 2:30 p.m. The eing unaware of the he DNS, when queried, now the facility cian orders and criptions were ordered.			will re-evaluate the continued no for the audit.	eed	
free of any signific Based on record facility failed to in regard to the a antibiotic twice of infection for 1 of medications in a "B") Finding includes The closed recorreviewed on 07/2	ant medication errors. review and interview, the follow a physician's order dministration of an laily for a urinary tract? 6 residents reviewed for sample of 6. (Resident d of Resident "B" was 26/11 at 8:50 a.m.	F0.	333	med errors Itis the practice of this provider to ensure that all alleged violations involving residents are from any significant medication errors are provided in accordance with State and Federal law through the stablished procedures. What corrective action(s) will be taken for those residents found have been affected by the deficience? The facility was not provided with	free ee ugh to cient	08/11/2011
	The DNS (Direct interviewed on 0 DNS indicated be omitted doses. The did not indicate he monitored physic medication transcadministered as of the free of any signific Based on record facility failed to in regard to the antibiotic twice of infection for 1 of medications in a "B") Finding includes The closed record reviewed on 07/2	PROVIDER OR SUPPLIER ALK VILLAGE AT INDIANAPOLIS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The DNS (Director Nursing Services) was interviewed on 07/26/11 at 2:30 p.m. The DNS indicated being unaware of the omitted doses. The DNS, when queried, did not indicate how the facility monitored physician orders and medication transcriptions were administered as ordered. This Federal tag relates to Complaint #IN00092731 3.1-35(g)(2) The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to follow a physician's order in regard to the administration of an antibiotic twice daily for a urinary tract infection for 1 of 6 residents reviewed for medications in a sample of 6. (Resident	PROVIDER OR SUPPLIER ALK VILLAGE AT INDIANAPOLIS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The DNS (Director Nursing Services) was interviewed on 07/26/11 at 2:30 p.m. The DNS indicated being unaware of the omitted doses. The DNS, when queried, did not indicate how the facility monitored physician orders and medication transcriptions were administered as ordered. This Federal tag relates to Complaint #IN00092731 3.1-35(g)(2) The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to follow a physician's order in regard to the administration of an antibiotic twice daily for a urinary tract infection for 1 of 6 residents reviewed for medications in a sample of 6. (Resident "B") Finding includes: The closed record of Resident "B" was reviewed on 07/26/11 at 8:50 a.m.	The DNS (Director Nursing Services) was interviewed on 07/26/11 at 2:30 p.m. The DNS indicated being unaware of the omitted doses. The DNS, when queried, did not indicate how the facility monitored physician orders and medication transcriptions were administered as ordered. This Federal tag relates to Complaint #IN00092731 3.1-35(g)(2) The facility must ensure that residents are free of any significant medication errors. 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This Federal tag relates to Complaint #IN00092731 3.1-35(g)(2) The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to follow a physician's order in regard to the administration of an antibiotic twice daily for a urinary tract infection for 1 of 6 residents reviewed for medications in a sample of 6. (Resident "B") Finding includes: The closed record of Resident "B" was reviewed on 07/26/11 at 8:50 a.m. The state of the provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice? The facility was pot provided with an activation of the practice?

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155329 07/27/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1302 N LESLEY AVE ROSEWALK VILLAGE AT INDIANAPOLIS INDIANAPOLIS, IN46219 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE of deficiency thealleged resident on 04/22/11 with diagnoses including, but expired on 5/24/11. not limited to, acute mental encephalopathy, atrial fibrillation, How will you identify other residentshaving the potential to be unstageable pressure wounds, urosepsis, affected by the same deficient urinary retention, and hematuria (blood in practice and what urine). The record indicated the resident corrective action will be taken? was transferred to an emergency transfer Allresidents have the potential to be to a hospital on 05/23/11 and expired on affected by this alleged deficient 05/24/11 practice. Alllicensed nursing personnel will be The record indicated Resident "B" was to re-educated on the administration ofmedication per physician's orders, receive a total of 14 doses of Cipro medication errors, MAR/TAR (antibiotic) for a urinary tract infection. documentation, and medication pass The record indicated Resident "B" by the SDC or designee 8-1-11 thru received 8 doses of Cipro. Review of the physician's orders indicate: What measures will be put into "05/06/11 2 p (2:00 p.m.) Cipro 500 mg place orwhat systemic changes (milligram) p.o. (per os: by mouth) BID (2 will you make to ensure that the times a day) X 3 days." (6 doses) deficient practice doesnot recur? "05/09/11 Continue Cipro 500 mg BID X Alllicensed nursing personnel will be 4 more days: total 7 days." (8 doses) re-educated on the administration ofmedication per physician's orders by the SDC or designee 8-1-11 thru Review of the MAR (Medication 8-5-11. Administration Record) dated 05/01/2011-05/31/2011, indicated: AMAR/TAR CQI audit tool will be "05/06/11 Cipro 500 mg BID po X 3 days: completed once weekly x4, bi-weekly x2, and thenmonthly thereafter by a 9 A (9:00 a.m.) 9 P (9:00 p.m.)" facility Unit Manager or designee. The record indicated Resident "B"did not receive the ordered medication as follows: Themembers of the nurse manager team will audit the MAR/TAR books 05/07/11: 9:00 a.m. daily Mondaythru Friday. 05/08/11: 9:00 p.m. How the corrective action(s) will "05/09/11 Cipro 500 mg BID X 4 more

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Event ID:

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Facility ID:

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If continuation sheet Page 5 of 6

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		155329	B. WING		07/27/2011
NAME OF F	PROVIDER OR SUPPLIER		STREET A	ADDRESS, CITY, STATE, ZIP CODE	•
				LESLEY AVE	
ROSEWA	ALK VILLAGE AT IN	IDIANAPOLIS	INDIAN	IAPOLIS, IN46219	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
	days: total 7 day			bemonitored to ensure the deficient practice will not recu	ır.
	The record indicate	ated the Resident "B"did		i.e. what qualityassurance	,
	not receive the or	rdered medication as		program will be put into place	?
	follows:			l	
	05/10/11: 9:00 p	o.m.		AMAR/TAR CQI audit tool will be completed once weekly x4, bi-v	I
	05/11/11: 9:00 p	o.m.		x2, and thenmonthly thereafter	
	05/12/11: 9:00 p			facility Unit Manager or desig	
	05/13/11: 9:00 a				ewed
				monthly by the CQI Committee	· · · · · · · · · · · · · · · · · · ·
	The DNS (Direct	tor Nursing Services) was		six monthsafter which the CQI	team
	`	7/26/11 at 2:30 p.m.		will re-evaluate the continued r for the audit.	leed
	The DNS indicated being unaware of the omitted doses. The DNS, when queried,			for the addit.	
				Deficiencyin this practice will re	esult in
	did not indicate h			disciplinary action up to and includingtermination of the	
		•		responsible employee.	
	monitored physic				
	medication trans	•		Dateof Compliance 8/11/11	
	administered as of	ordered.			
		1			
	· ·	relates to Complaint			
	#IN00092731.				
	3.1-25(b)(9)				